

MDR Tracking Number: M5-04-1423-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 21, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, myofascial release, ultrasound therapy, hot/cold packs therapy, office visit and special reports from 02-17-03 through 03-10-03 **were** found to be medically necessary. The therapeutic exercises, myofascial release, ultrasound therapy, hot/cold packs therapy, office visit and special reports from 03-11-03 through 03-12-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 28<sup>th</sup> day of April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02/17/03 through 03/10/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 28<sup>th</sup> day of April 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/pr

April 6, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Letter**

**RE: MDR Tracking #: M5-04-1423-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she sustained a repetitive motion injury to both hands and both elbows. Initial treatment consisted of wrist braces and anti-inflammatories. The patient underwent left carpal tunnel release 3/27/01 followed by right carpal tunnel release in 4/27/01. On 3/27/02 the patient underwent an EMG/NCV that showed left ulnar nerve compression neuropathy at the elbow. On 4/29/02 the patient underwent left ulnar nerve transposition and medial epicondylectomy. On 10/7/02 the patient underwent anterior transposition of the ulnar nerve, right elbow and medial epicondylectomy. Postoperatively the patient was treated with physical therapy. An Electromyographic Examination performed on 2/25/03 indicated bilateral ulnar neuropathies at the elbow segment, and mild residual right median neuropathy at the wrist segment. The patient was treated with physical therapy beginning 2/16/03 consisting of heat, ultrasound, soft tissue mobilization and myofascial release for the treatment of s/p bilateral carpal tunnel surgery and s/p bilateral elbow surgery. On 6/3/03 the patient underwent neurolysis of the right ulnar nerve at the elbow, ulnar nerve transposition, and modified epicondylectomy. Postoperatively the patient was treated with continued physical therapy.

Requested Services

Therapeutic exercises, myofascial release, ultrasound therapy, hot/cold packs therapy, office visit, special reports from 2/17/03 through 3/12/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 36 year-old female with bilateral wrist injuries and multiple surgeries. The \_\_\_ physician reviewer indicated that the patient had received physical therapy for wrist and elbow pain, and decreased range of motion and strength. The \_\_\_ physician reviewer noted that evaluation reports from physical therapy dated 1/13/03, 1/30/03, & 3/16/03, indicated minimal change in the patient's condition with treatment. The \_\_\_ physician reviewer also noted that a physical therapy letter dated 10/28/03 indicated that between 1/13/03 - 3/10/03, the patient reported decreased pain (2 on left, 5 on right 2/17/03), and then increased pain after an EMG testing on 2/25/03. However, the \_\_\_ physician reviewer also noted that between 1/30/03 – 3/10/03 there was no change in pain level noted (3 on right and 5 on left), no significant change in wrist or elbow range of motion and strength, and the grip strength had actually decreased on the right and left compared to a note dated 1/30/03. The \_\_\_ physician reviewer indicated that between 1/13/03 – 1/30/03 there was some improvement in pain and elbow and wrist strength. Therefore, the \_\_\_ physician consultant concluded that the therapeutic exercises, myofascial release, ultrasound therapy, hot/cold packs therapy, office visit, special reports from 2/17/03 through 3/10/03 were medically necessary to treat this patient's condition. However, the \_\_\_ physician consultant also concluded that the therapeutic exercises, myofascial release, ultrasound therapy, hot/cold packs therapy, office visit, special reports from 3/11/03 through 3/12/03 were not medically necessary to treat this patient's condition.

Sincerely,